2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P97000087575

1. Entity Name

DAVY DESIGNS, INC.



Principal Place of Business Mailing Address 7734 CARDIFF COURT N. 90014493 7734 CARDIFF COURT N. ST. PETERSBURG FL 33709-1228 ST. PETERSBURG FL 33709-1228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-3472633 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVY, JANET R Street Address (P.O. Box Number is Not Acceptable) 7734 CARDITT CT NO SAINT PETERSBURG FL 33709 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE Addition DAVY, JANET R NAME NAME 7734 CARDIFF COURT NORTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33709-1218 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE [] Change ☐ Addition NAME DAVY, LOREN NAME STREET ADDRESS 7734 CARDIFF COURT NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33709-1218 CITY-ST-ZIP T/T/ F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TIT! F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RJanet R. DAVY

☐ Delete

☐ Change

Jan 31, 2003 8:00 am

FILED

Secretary of State

01-31-2003 90108 008 ***150.00

CR2E034 (10/02)

Addition